



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
OFFICE OF CONTROLLED SUBSTANCES

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR CONTROLLED SUBSTANCES REGISTRATION – PRACTITIONERS
(Other than Physician's Assistants, Advanced Practice Registered Nurses and Optometrists)
INSTRUCTION SHEET

General Information

- **You must hold a Delaware practitioner license (e.g., Physician, Dentist, etc.) before your application for controlled substance registration (CSR) will be processed. If you do not already hold a practitioner license, you may apply concurrently for your practitioner license and CSR, or you may apply for the CSR later.**
- If you apply for your practitioner license and CSR(s) at the same time, you should receive your CSR 3-4 weeks *after* your professional license. Please allow the 3-4 weeks to elapse before calling the office.
- Your Delaware CSR certificate and all CSR-related correspondence must be mailed to the same address as your professional license.
- Your first Delaware CSR covers all Delaware locations where you may **prescribe** controlled substances. Typically, your main practice's address is the location associated with this registration. However, if you **dispense** (i.e., give out) and/or **store** controlled substances for patient administration at any *additional* locations, you **or** another practitioner must apply for a **separate CSR for each such location**. If no other practitioner holds a CSR for a location where you will store/dispense, as well as prescribe, controlled substances, you must file for an additional CSR for the location in Question 13 of the application.
- When your Delaware CSR is approved, you must then file for a [federal DEA registration](#) for Delaware. You need a separate federal DEA registration for each Delaware CSR. **You must have both a Delaware CSR and DEA registration for Delaware before you prescribe controlled substances in Delaware.**
- You may dispense no more than a 72-hour supply of controlled substances. If you dispense the maximum 72-hour supply, you must report to the [Delaware Prescription Monitoring Program](#) (PMP).
- If you hold (or are applying for) a Delaware Physician Assistant's, Advanced Practice Registered Nurse or Optometrist license, file the [CSR application form](#) specifically for your profession. Do **not** file this application.

Requirements for All Applicants

- ☐ Submit completed, signed and notarized *Application for Controlled Substances Registration – Practitioners*.
- ☐ Enclose the non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
 - The total fee depends on how many controlled substance registrations you are applying for. Multiply the fee on the [Fee Schedule](#) by the number of registrations applied for in Questions 12 - 13 of the application (*not* the number of controlled substance schedules in Question 5).
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).

The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.
- ☐ Complete the one-hour [Mandatory Course](#) training on Delaware law, regulation and programs on prescribing and distribution of controlled substances.



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
OFFICE OF CONTROLLED SUBSTANCES

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR CONTROLLED SUBSTANCES REGISTRATION – PRACTITIONERS
(Other than Physician's Assistants, Advanced Practice Registered Nurses and Optometrists)

For Office Use Only: DE License # _____ Office Approval _____ Inspection _____

TYPE OF APPLICATION

1. Show whether you are applying for a new Controlled Substance registration (CSR) or reapplying (check one):
☐ I am applying for a new (*initial*) registration. ☐ I am reapplying for registration.
2. Show the type of CSR you are applying for (check one):
☐ Physician (DR) ☐ Dentist (DE) ☐ Podiatrist (PO) ☐ Veterinarian (VE) ☐ Exempt Official (EX)
3. Do you hold a Delaware Professional license? Yes ☐ No ☐ If yes, enter license number: _____
If you do not already hold a Delaware professional license, allow 3-4 weeks *after* your professional license is issued to receive your CSR.
4. Do you already have a Federal DEA number? Yes ☐ No ☐ If yes, enter DEA number: _____
When your Delaware CSR is approved, you must then file for a [federal DEA registration](#) for Delaware. You need a separate federal DEA registration for each Delaware CSR. You must have both a Delaware CSR and DEA registration for Delaware *before* you prescribe controlled substances in Delaware.
5. Check the schedule(s) you are applying for: ☐ II ☐ III ☐ IV ☐ V

IDENTIFYING INFORMATION

6. Name: _____
7. Other Names Used: _____
8. Date of Birth (month/day/year): _____ Gender: Male ☐ Female ☐
9. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ **If yes, enter your SSN:** _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

LOCATION OF REGISTRATION

10. Do you intend to **prescribe** controlled substances? Yes ☐ No ☐
11. Do you intend to **dispense** controlled substances?
Yes ☐ No ☐

You may dispense no more than a 72-hour supply of controlled substances. If you dispense the maximum 72-hour supply, you must report to the [Delaware Prescription Monitoring Program \(PMP\)](#). For instructions on registering for the PMP, see the [Dispenser's Implementation Guide](#).

12. Your first CSR covers all Delaware locations where you may **prescribe** controlled substances. Typically, your main practice's location is the address associated with this registration. In the box below, enter the **location** in Delaware to be associated with your first registration

Enclose a [Controlled Substance registration fee](#) for your first registration.

FIRST REGISTRATION			
Location Address: _____ Street (No PO Box!)			
_____ City _____		DE State	_____ Zip
Phone: _____ Email: _____			
Do you intend to store controlled substances for patient administration at this location? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you intend to dispense controlled substances at <i>this</i> location? Yes <input type="checkbox"/> No <input type="checkbox"/>			

13. Do you intend to **dispense** or **store** controlled substances for patient administration at any *other* location(s) in Delaware? Yes ☐ No ☐ If yes, you must apply for a separate registration for each additional location **unless** another practitioner has a controlled substance registration for that location. Complete the information below for **each** additional location that is **not** covered by a CSR held by another practitioner in your practice. If you need more room, attach an additional sheet with the same information

Enclose an **additional** [Controlled Substance registration fee](#) for **each** location you list below.

ADDITIONAL REGISTRATION 1			
Location Address: _____ Street (No PO Box!)			
_____ City _____		DE State	_____ Zip
Phone: _____ Email: _____			
ADDITIONAL REGISTRATION 2			
Location Address: _____ Street (No PO Box!)			
_____ City _____		DE State	_____ Zip
Phone: _____ Email: _____			
ADDITIONAL REGISTRATION 3			
Location Address: _____ Street (No PO Box!)			
_____ City _____		DE State	_____ Zip
Phone: _____ Email: _____			

DISCLOSURES

14. Have you ever been convicted of a felony or misdemeanor under state or federal law relating to the manufacture, distribution or dispensing of controlled substances? Yes ☐ No ☐ **If yes, attach a letter explaining the circumstances of such action.**
15. Have you had any previous registration under the controlled substances act, state or federal, surrendered, revoked, suspended, denied or pending such action? Yes ☐ No ☐ **If yes, attach a letter explaining the circumstances of such action.**

MANDATORY TRAINING

16. Have you completed the one-hour [Mandatory Course](#) training on Delaware law, regulation and programs on prescribing and distribution of controlled substances? Yes ☐ No ☐

To ensure consideration of your registration application, the Office of Controlled Substances must receive all of these items:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, allow 3-4 weeks to receive your registration.

AFFIDAVIT

I hereby certify that the facts stated in this application, including the statements on the attached schedule, are true, complete and correct and that application is made to obtain a biennial registration pursuant to the Uniform Controlled Substances Act. I agree to abide to the laws of Delaware and the federal government.

Signature of Applicant: _____ **Date:** _____

Printed Name: _____

State of: _____ **County of:** _____

Sworn to before me and subscribed in my presence this _____ **day of** _____, 2_____

Signature of Notary: _____

SEAL

My Commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.